

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Gregory C. Schohn et al. Confirmation No.: 1878
Application No.: 09/851,404 Group No.: 2176
Filed: May 8, 2001 Examiner: Blackwell, James H.
For: REORGANIZING CONTENT OF AN ELECTRONIC DOCUMENT

Filed Via USPTO E-Filing

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION AND FEE FOR EXTENSION OF TIME 37 C.F.R. § 1.136(a)

1. This is a petition for an extension of time for a total period of 3 months to respond to the Office Action dated July 13, 2006.

2. Applicant is ☐ a small entity; ☒ other than a small entity.

3. Calculation of extension fee (37 C.F.R. § 1.17(a)(1)-(a)(5)):

Total Months Requested	Fee For Other Than Small Entity	Fee for Small Entity
<input type="checkbox"/> one month	\$120.00	\$60.00
<input type="checkbox"/> two months	\$450.00	\$225.00
<input checked="" type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00
<input type="checkbox"/> five months*	\$2,160.00	\$1,080.00

*Cannot be used to exceed six-month statutory limit for response to an Official Action.

☐ A check in the amount of \$ is enclosed.

☒ Charge Deposit Account No. 16-0605 for the extension fee.

☒ Charge Deposit Account No. 16-0605 for any fee deficiency.

Respectfully submitted,



Chad L. Thorson
Registration No. 55,675

Customer No. 00826

ALSTON & BIRD LLP

Bank of America Plaza

101 South Tryon Street, Suite 4000

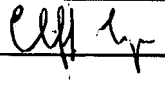
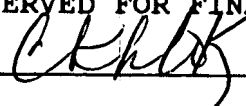
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>04/27/07</u>		2 Serial/Patent # <u>09/851,404</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		03/13/07	\$ 1,020.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 1,020.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	<input checked="" type="checkbox"/> Treasury Check		
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
		9 16--0605		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Extension of time submitted after application already abandoned.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u></u>		PHONE: <u>571-272-3207</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u></u>		DATE: <u>5/2/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: